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Form MCSA-5876



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OMB No. 2126-0006

Expiration Date 3/31/2025

U.S. Department of Transportation
Federal Motor Carrier
Safety Administration

Medical Examiner's Certificate

(for Commercial Driver Medical Certification)

I certify that I have examined Last Name:

Crene

First Name:

Jose

in accordance with (please check only one)

- ☒ the Federal Motor Carrier Safety Regulations (49 CFR 391.41-391.49) and, with knowledge of the driving duties, I find the person is qualified, and if applicable only when (check all that apply) OR
☐ the Federal Motor Carrier Safety Regulations (49 CFR 391.41-391.49) with any applicable State variances (which will only be valid for intrastate operations), and with knowledge of the driving duties, I find this person is qualified, and if applicable, only when (check all that apply):

☐ Wearing corrective lenses

☐ Accompanied by a

waiver/exemption

☐ Driving within an exempt intracity zone (49 cfr.391.62) (Federal)

☐ Wearing hearing aid

☐ Accompanied by a Skill Performance Evaluation (SPE) certificate

☐ Qualified by operation of 49 CFR 391.64 (State)

☐ Grandfathered from State requirements (State)

The information I have provided regarding this physical examination is true and complete. A complete Medical Examination Report Form, MCSA-5875, with any attachments embodies my findings completely and correctly, and I will file in my office.

Medical Examiner's Certificate Expiration Date

01/27/2027

Medical Examiner's Signature

Dr. Bethany Dixon

Medical Examiner's Name

Medical Examiner State Lic. Certificate or Reg. Number

CH11281

Medical Examiner Phone Number

3526431034

Date Certificate Signed

01/27/2025

☐ MD

☐ Physician Assistant

☐ Advanced Practical Nurse

☐ DO

☒ Chiropractor

☐ Other Practitioner (specify)

Issuing State

FL

National Registry Number

6766868D41

Driver's Lic. Number

C650432630240

Issuing State/Province

FL

Driver's Signature

[Signature]

Driver's Address

Street 420 Aladdin St

City

Opalocka

State

FL

Zip Code

33054

CLP/CDL Applicant/Holder

☒ Yes

☐ No

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Business Name

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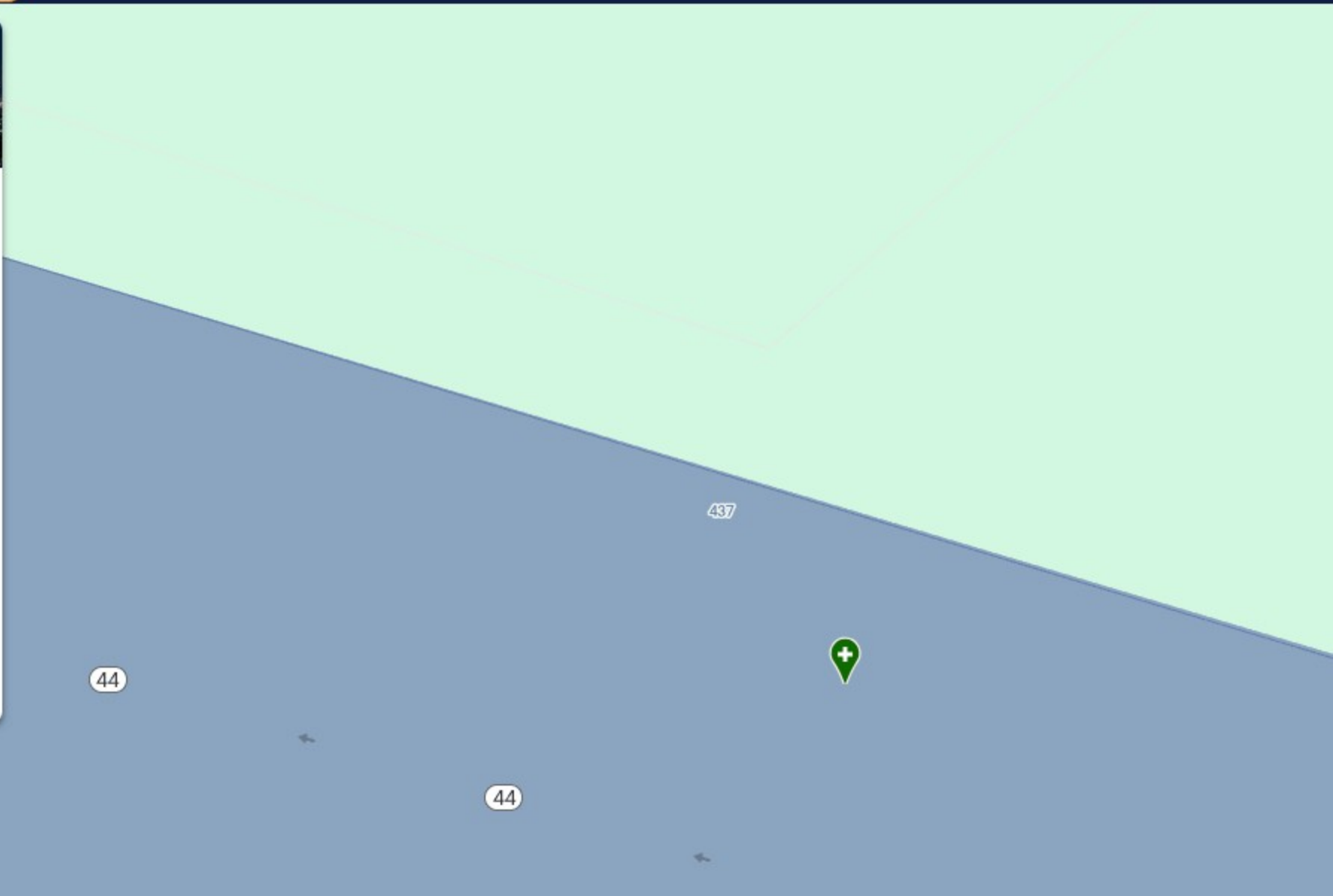
 **Dr. Bethany Dixon (Doctor Of Chiropractic)**

 **Drivers Health Clinic**

556 E SR 44 Wildwood, FL 34785

 (352) 643-1034

 N/A [Directions](#)





 **Dr. Bethany Dixon**
(Doctor Of Chiropractic)



Email



Website

Practice Business Name

Drivers Health Clinic

Address

556 E SR 44 Wildwood, FL 34785

Hours of Operation

monday-friday 9am-5pm walk-ins welcome

National Registry Number

6766868041

Certification Date

10/16/2014

Distance

N/A

Business Phone

(352) 643-1034

Business Fax Number

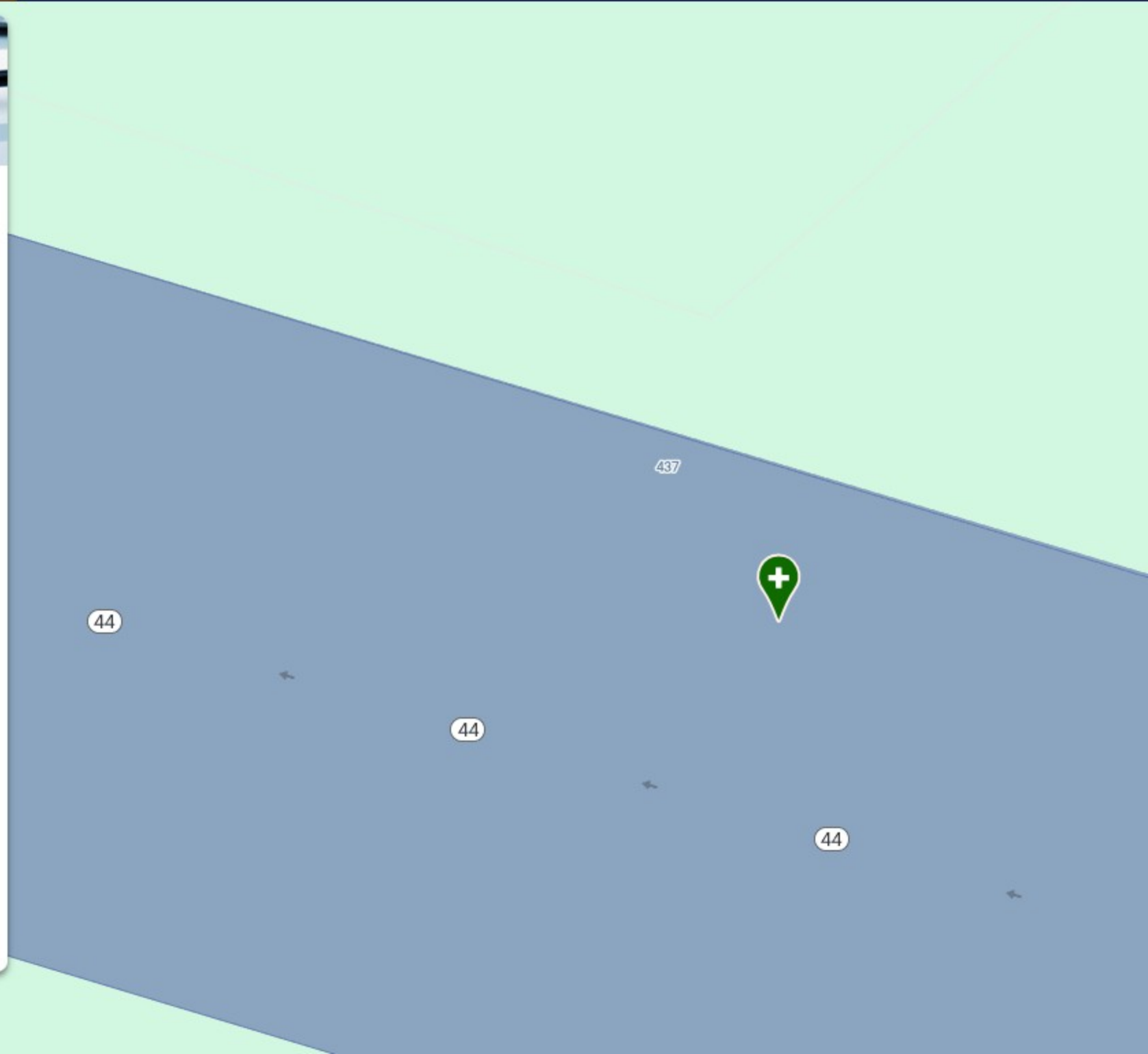
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Business Email

drdixon@drivershealthclinic.com

Business Website

www.drivershealthclinic.com



Query Detail

Query Overview

Employer Conducting Query: ZIGI FREIGHT INC (USDOT# 2828543)

Query Result: Driver Not Prohibited

Query Status: Completed (6/4/2025 12:57:28)

Conducted By: Teodora Nikolic | **Query Type:** Pre-employment | **Query Submitted:** Manually

Driver Information

Name: JOSE CREME

Date of Birth: 1/24/1963

CDL/CLP ⓘ: US-FL-C650432630240

Consent Information

Requested: 6/4/2025 12:32:58

Recorded: 6/4/2025 12:57:28

Status: Provided

Query History

Created: 6/4/2025 12:32:58

Completed: 6/4/2025 12:57:28

Query Result: Driver Not Prohibited

LEARN MORE

 [The Return-to-Duty Process](#)

Open Violations

No Open Violations